

Home Study Audio Course

"AIP, Attachment Theory and EMDR Case Conceptualization."

Session 333 Presented at the EMDR International Association Annual Conference August 29, 2009 by Andrew M. Leeds, Ph.D.

You are welcome to use this PDF version of the EMDRIA CE Credit Examination as a study aid for this course. When you are ready to take the exam for EMDRIA Credits, read over this entire page, then pay for the exam(s) you wish to take at:

<http://www.andrewleeds.net/training/orderCEproductsonline.html>

Then, chose the (A) online exam or (B) paper exam option.

A) How to take the online exam.

1) Take the online exam at: <http://www.andrewleeds.net/training/EMDRIADL/onlineexams.html>

When you complete the online exam it will create a pre-addressed encrypted email. Just click send. If you do not pass the online exam, you may take it again without additional charges.

2) Complete the course evaluation at:

<http://www.andrewleeds.net/training/EMDRIADL/onlineexams.html>

After we receive both your email confirming you passed the online exam and your course evaluation, we will confirm you have paid for the course. Then we will email you a PDF of your certificate of completion listing the credits you have earned.

B) How to take the paper exam.

1) Print this **exam and circle the correct answers**. Return it with the included **course evaluation** and **course affirmation** pages by fax or mail.

2) Note there is an additional paper exam fee of \$5 (for EMDRIA Conference exams). We suggest you pay the paper exam fee at the time of original exam purchase. You may also add \$5 per paper exam later.

<http://www.andrewleeds.net/training/orderCEproductsonline.html>

Or mail a check payable to: Andrew M. Leeds, Ph.D.

Fax to: 707-579-9415 Mail to: 1049 Fourth Street, Ste G., Santa Rosa, CA 90504.

Home Study Audio Course

“AIP, Attachment Theory and EMDR Case Conceptualization.”

**Session 333 Presented at
the EMDR International Association Annual Conference
August 29, 2009
by
Andrew M. Leeds, Ph.D.**

EMDRIA CE Credit Examination

1. Inappropriate case formulation can lead to:
 - A. Patients preferring bilateral eye movements over tapping or tones.
 - B. Patients becoming reluctant to resume EMDR or terminate prematurely when they are discouraged from lack of progress or overwhelmed by emerging material.
 - C. Clinicians being better able to prepare patients for each phase of treatment.
2. Appropriate case formulation can provide all of the following benefits for clinicians EXCEPT:
 - A. Clinicians are better able to manage risk by avoiding foreseeable clinical complications and technical errors.
 - B. Clinicians can better present the rationale for their treatment plans to clinical supervisors, consultants, third party payors, and other case reviewers.
 - C. Clinicians can better determine how many back and forth sweeps to offer during each set of eye movements.
3. Patients benefit from appropriate case formulation by:
 - A. Gaining confidence and a stronger therapeutic alliance when your case formulation and treatment plan leads to predicted symptomatic gains and challenges.
 - B. Knowing in advance how many treatment sessions they will need.
 - C. Understanding your office policies and professional boundaries.
4. Which of the following statements is NOT true:
 - A. Case conceptualization is not necessary. Just apply EMDR reprocessing to whatever material the patient presents because “the patient’s brain will always guide the healing process.”
 - B. Patients are reassured when they understand the foundation of their treatment plans.
 - C. With appropriate case conceptualization, clinicians are better able to manage risk by avoiding foreseeable clinical complications and technical errors.
5. Which of the following is not part of case conceptualization:

- A. Thinking beyond the patient's immediate symptoms (maladaptive attitudes, thoughts, behaviors and defensive emotional responses).
 - B. Forming a mental model of the patient's problems grounded in a model of psychotherapy.
 - C. Providing psychoeducation about EMDR and obtaining informed consent.
6. In the relationship of diagnosis and case conceptualization which of the following is NOT true:
 - A. Different patients meet the same diagnosis in different ways.
 - B. Most patients with PTSD have no other co-occurring diagnoses.
 - C. Case conceptualization is informed by, but is not based on the diagnosis alone.
 7. Case conceptualization is based on all of the following EXCEPT:
 - A. Hypotheses about the underlying functional structure of patients' adaptive and maladaptive memory networks.
 - B. A functional analysis of the patient's symptoms.
 - C. An estimated number of the patient's Criterion A (life threatening) experiences.
 8. Which of the following is NOT true about etiological and contributory experiences:
 - A. Etiological experiences are encoded in maladaptive memory networks (before EMDR reprocessing), but contributory experiences are encoded in adaptive memory networks.
 - B. Contributory experiences create vulnerabilities to the later emergence of clinically significant symptoms – sometimes years or decades later.
 - C. Etiological experiences directly lead to the onset of clinically significant Axis I symptoms.
 9. Once a case conceptualization has been developed, all of the following are true EXCEPT:
 - A. It should guide the development of the treatment plan.
 - B. It should not be modified to avoid confusing the patient.
 - C. It should be evaluated in relationship to the patient's responses to treatment interventions.
 10. In the AIP model earlier experiences:
 - A. Should only be reprocessed after the worst memories have been resolved.
 - B. Establish adaptive or maladaptive patterns of response available to be drawn on during later experiences.
 - C. Are seldom remembered.
 11. Which of the following statements is true:
 - A. Attachment theory has yet to be examined by behavioral or neurobiological studies.
 - B. Attachment experiences are less influential in shaping later responses than are genetic factors for resilience.
 - C. Attachment experiences are the earliest and most influential experiences in establishing foundational patterns of response available to be drawn on during later experiences.

12. Regarding Criterion A (large “T”) and non-Criterion A (small “t”) life experiences which of the following is NOT true:
 - A. Clinical experience with EMDR reprocessing suggests that adaptations to chronic small “t” experiences are generally easier and faster to resolve than large “T” (life threatening) experiences.
 - B. Persistent early neglect and trauma may have adverse effects on the development of the adaptive information processing system itself.
 - C. Shapiro (2001) has proposed that we consider applying EMDR reprocessing to both kinds of experiences.
13. Insecure avoidant (A) infants:
 - A. Show high levels of distress during separation from mother in the strange situation.
 - B. Actively avoid contact on her return in the strange situation.
 - C. Their mothers respond positively to infant’s attachment behavior at home.
14. All the following are true about insecure resistant-ambivalent (C) infants EXCEPT:
 - A. Their mothers are unpredictably available at home and intrude on their exploratory behavior.
 - B. They are highly distressed during separation in the strange situation.
 - C. They are quickly soothed by their mothers after separation.
15. All the following are true about the Adult Attachment Inventory EXCEPT:
 - A. It is normed for clinical administration.
 - B. Longitudinal studies show Ainsworth’s Strange Situation strongly predicts AAI results.
 - C. AAI results do not correlate with measures of adult personality.
16. The Four-Category Model of Bartholomew & Horowitz (1991):
 - A. Includes a category for disorganized-disoriented attachment.
 - B. Corresponds to the four categories as the Adult Attachment Inventory.
 - C. Includes Secure, Preoccupied, Fearful, and Dismissing.
17. In avoidance-dismissing insecure attachment classification:
 - A. There is minimal free expression of both negative and positive affect.
 - B. Structures for suppressing affect are weak and poorly organized.
 - C. Structure and affect are in balance.
18. Regarding EMDR treatment protocols:
 - A. Shapiro’s (2001) treatment planning principle called the three-pronged protocol has been empirically evaluated and supported as a treatment for PTSD, Complex PTSD and Dissociative Disorders.
 - B. Shapiro’s three-pronged protocol provides clear guidelines for selecting and sequencing targets when there are multiple targets in the past linked to different or unrelated presenting complaints.
 - C. Hoffman (2004) proposed the “inverted protocol” for cases of Complex PTSD, which reverses the standard PTSD protocol to address the needs of patients with profound hopelessness and severe dysregulation who do not meet readiness criteria at intake.

19. In the symptom informed model of treatment described by Korn (2004) and Leeds (2009) all of the following are true EXCEPT:
- A. First reprocess the memory (or cluster of memories) associated with the most debilitating of the patient's symptoms.
 - B. Target the worst 10 memories chronologically before memories pivotal to the patient's symptoms.
 - C. After the most debilitating symptom has been alleviated, shift attention to the memory (or cluster of memories) associated with the next most debilitating symptom.
20. In the symptom informed model of treatment described by Korn (2004) and Leeds (2009) all of the following are true EXCEPT:
- A. Focus on adverse and traumatic events that are clearly distressing to the patient--known as "activated" memories.
 - B. Memories that clinicians hypothesize are etiological to current symptoms memories should be reprocessed even when they are not overtly disturbing to the patient.
 - C. Clinicians should be flexible and collaborative when patients want to begin with a recent traumatic memory when overt symptoms first appeared rather than initially reopen early childhood memories.

Course Evaluation
Session 333

Andrew M. Leeds, Ph.D. - AIP, Attachment Theory and EMDR Case Conceptualization
Credit Provider Andrew M. Leeds, Ph.D.

Please rate the following items using the scale below.

1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

OVERALL COURSE RATING: _____

- | | | | | | |
|---|---|---|---|---|---|
| 1. Presentation was consistent with objective and title..... | 1 | 2 | 3 | 4 | 5 |
| 2. Content was valuable and/or useful..... | 1 | 2 | 3 | 4 | 5 |
| 3. Course was appropriately challenging..... | 1 | 2 | 3 | 4 | 5 |
| 4. Course was taught at the promised level..... | 1 | 2 | 3 | 4 | 5 |
| 5. The following objective were met. | | | | | |
| A. Able to summarize the principles characteristics of attachment orientation and associated of parental interactions for the four primary adult classifications described by Main (1996) and the Adult Attachment Inventory. | 1 | 2 | 3 | 4 | 5 |
| B. Able to classify clinical case vignettes into one of the four primary adult classifications. | 1 | 2 | 3 | 4 | 5 |
| C. Able to associate patterns of response to various EMDR procedures with adult attachment classification..... | 1 | 2 | 3 | 4 | 5 |
| D. Able to describe the limitations and conflicts in the treatment planning models described in the standard reference on EMDR and describe the principles used in a research supported symptom informed treatment planning model. | 1 | 2 | 3 | 4 | 5 |
| E. Able to differentiate between activated and non-activated traumatic memories from patient histories in developing a symptom informed treatment plan. | 1 | 2 | 3 | 4 | 5 |

Comments:

Please rate the following using the scale below.

1 = Poor 2 = Below Average 3 = Average 4 = Above Average 5 = Excellent

PRESENTER:

_____ Communication Skills	_____ Knowledge of EMDR model
_____ Ability to answer questions	_____ Responsive to participants' needs

MATERIALS:

_____ Quality of audio recording	_____ Usefulness of course manual
----------------------------------	-----------------------------------

ADMINISTRATION:

_____ Administration of course	_____ Helpfulness of staff
--------------------------------	----------------------------

Course Affirmation

“AIP, Attachment Theory and EMDR Case Conceptualization.”

**Session 333 Presented at
the EMDR International Association Annual Conference
August 29, 2009
by
Andrew M. Leeds, Ph.D.**

By signing below you affirm that you: 1) listened to the entire Distance Learning Audio Course; 2) you read the corresponding handout that you have indicated; and 3) you completed the examination(s) by yourself without assistance from anyone else.

Print Name: _____ Date: _____

Signed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

License Type & Number: _____